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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/612,512	07/02/2003	Carl J. Conforti	05/01 CC	3523	
. 75	90 06/09/2004		EXAMINER		
CARL J. CONFORTI			VERBITSKY, GAIL KAPLAN		
30 RIVER VIE' FALL RIVER,			ART UNIT PAPER NUMBE		
			2859	· · · · · · · · · · · · · · · · · · ·	
				DATE MAILED: 06/09/2004	

Please find below and/or attached an Office communication concerning this application or proceeding.

	Applicati n N .	Applicant(s)				
Intonvious Summany	10/612,512	CONFORTI, CARL J.				
Interview Summary	Examiner	Art Unit				
	Gail Verbitsky	2859				
All participants (applicant, applicant's representative, PTO	personnel):					
(1) <u>Gail_Verbitsky</u> .	(3)					
(2) Mr. Conforti.	(4)					
Date of Interview: 01 June 2004.						
Type: a)⊠ Telephonic b)□ Video Conference c)□ Personal [copy given to: 1)□ applicant 2	2) applicant's representative	:]				
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e) <u>□</u> No.					
Claim(s) discussed: 19 and 27.						
Identification of prior art discussed: Mahler.						
Agreement with respect to the claims f)⊠ was reached. g)☐ was not reached. h)☐ N/A.						
Substance of Interview including description of the general reached, or any other comments: <u>applicant will amend clain</u> visible light source, and that it illuminates externally and be order to overcome the rejection in the Office action sent to	m 19 to add limitations stating hind the probe, applicant will (that the light source is				
(A fuller description, if necessary, and a copy of the amend allowable, if available, must be attached. Also, where no c allowable is available, a summary thereof must be attached	opy of the amendments that w					
THE FORMAL WRITTEN REPLY TO THE LAST OFFICE A INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN ONE MONTH FROM THIS INTERVIEW DATE, OR FORM, WHICHEVER IS LATER, TO FILE A STATEMENT Summary of Record of Interview requirements on reverse significant contents.	last Office action has already THE MAILING DATE OF THIS OF THE SUBSTANCE OF TH	been filed, APPLICAN S INTERVIEW SUMM	NT IS			
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Examiner Note: You must sign this form unless it is an

Attachment to a signed Office action.

Examiner's signature, if required